



Kaiser Foundation Hospital – Northern California Region

2018 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

VALLEJO

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

Kaiser Foundation (KFH)-Vallejo

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I. Introduction and Background

A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and

- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2018 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2018, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,220,499,099 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A and B.

Note that “non-quantifiable benefits” are highlighted in the Year-end Results section of the KFH Community Benefit Plan, where applicable.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided in 2018 (Endnotes on following page.)

| | |
|--|------------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ^a | \$740,302,826 |
| Charity care: Medical Financial Assistance Program ^b | \$252,514,999 |
| Grants and donations for medical services ^c | \$24,632,288 |
| Subtotal | \$1,017,450,114 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ^d | \$3,171,145 |
| Educational Outreach Program | \$977,755 |
| Youth Employment programs ^e | \$3,423,227 |
| Grants and donations for community-based programs ^f | \$30,937,535 |
| Community Benefit administration and operations ^g | \$12,672,094 |
| Subtotal | \$51,181,755 |
| Benefits for the Broader Community^h | |
| Community health education and promotion programs | \$1,028,815 |
| Kaiser Permanente Educational Theatre | \$5,732,278 |
| Community Giving Campaign administrative expenses | \$656,149 |
| Grants and donations for the broader community ⁱ | \$3,975,643 |
| National board of directors fund | \$742,683 |
| Subtotal | \$12,135,568 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$83,120,684 |
| Non-MD provider education and training programs ^j | \$24,019,233 |
| Grants and donations for the education of health care professionals ^k | \$1,706,941 |
| Health research | \$30,884,804 |
| Subtotal | \$139,731,662 |
| TOTAL COMMUNITY BENEFITS PROVIDED | \$1,220,499,099 |

TABLE A ENDNOTES

- a. Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- b. Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- c. Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- d. Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- e. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Youth Employment programs participants hired.
- f. Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- g. The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- h. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- i. Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- j. Amount reflects the net expenditures after scholarships for health professional education and training programs.
- k. Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided by Hospital Service Area in 2018

| NORTHERN CALIFORNIA HOSPITALS | | SOUTHERN CALIFORNIA HOSPITALS | |
|----------------------------------|----------------------|----------------------------------|----------------------|
| Antioch | \$32,394,786 | Anaheim | \$42,524,980 |
| Fremont | \$14,061,863 | Baldwin Park | \$27,713,466 |
| Fresno | \$11,163,875 | Downey | \$40,855,894 |
| Manteca | \$30,660,309 | Fontana | \$69,928,344 |
| Modesto | \$17,944,158 | Irvine | \$16,693,413 |
| Oakland | \$53,802,561 | Los Angeles | \$48,562,408 |
| Redwood City | \$16,822,970 | Moreno Valley | \$13,225,236 |
| Richmond | \$35,849,979 | Ontario | \$17,190,388 |
| Roseville | \$50,946,592 | Panorama City | \$36,968,238 |
| Sacramento | \$85,057,853 | Riverside | \$34,701,604 |
| San Francisco | \$35,547,422 | San Diego | \$45,996,597 |
| San Jose | \$29,984,480 | South Bay | \$27,798,856 |
| San Leandro | \$40,469,133 | West Los Angeles | \$37,153,326 |
| San Rafael | \$17,905,752 | Woodland Hills | \$25,520,517 |
| Santa Clara | \$48,816,820 | | |
| Santa Rosa | \$35,993,701 | | |
| South Sacramento | \$63,545,863 | | |
| South San Francisco | \$16,389,599 | | |
| Vacaville | \$28,202,916 | | |
| Vallejo | \$43,466,531 | | |
| Walnut Creek | \$26,638,672 | | |
| Northern California Total | \$735,665,834 | Southern California Total | \$484,833,265 |

B. Medical Care Services for Vulnerable Populations

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Since 1986, KPET has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. KPET is provided free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials – including workbooks, parent and teacher guides, and student wallet cards – to reinforce the messages presented in the programs.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our health care settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research (NCAL), Department of Research and Evaluation (SCAL), Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

III. KFH-Vallejo Community Served

A. Kaiser Permanente's Definition of Community Served

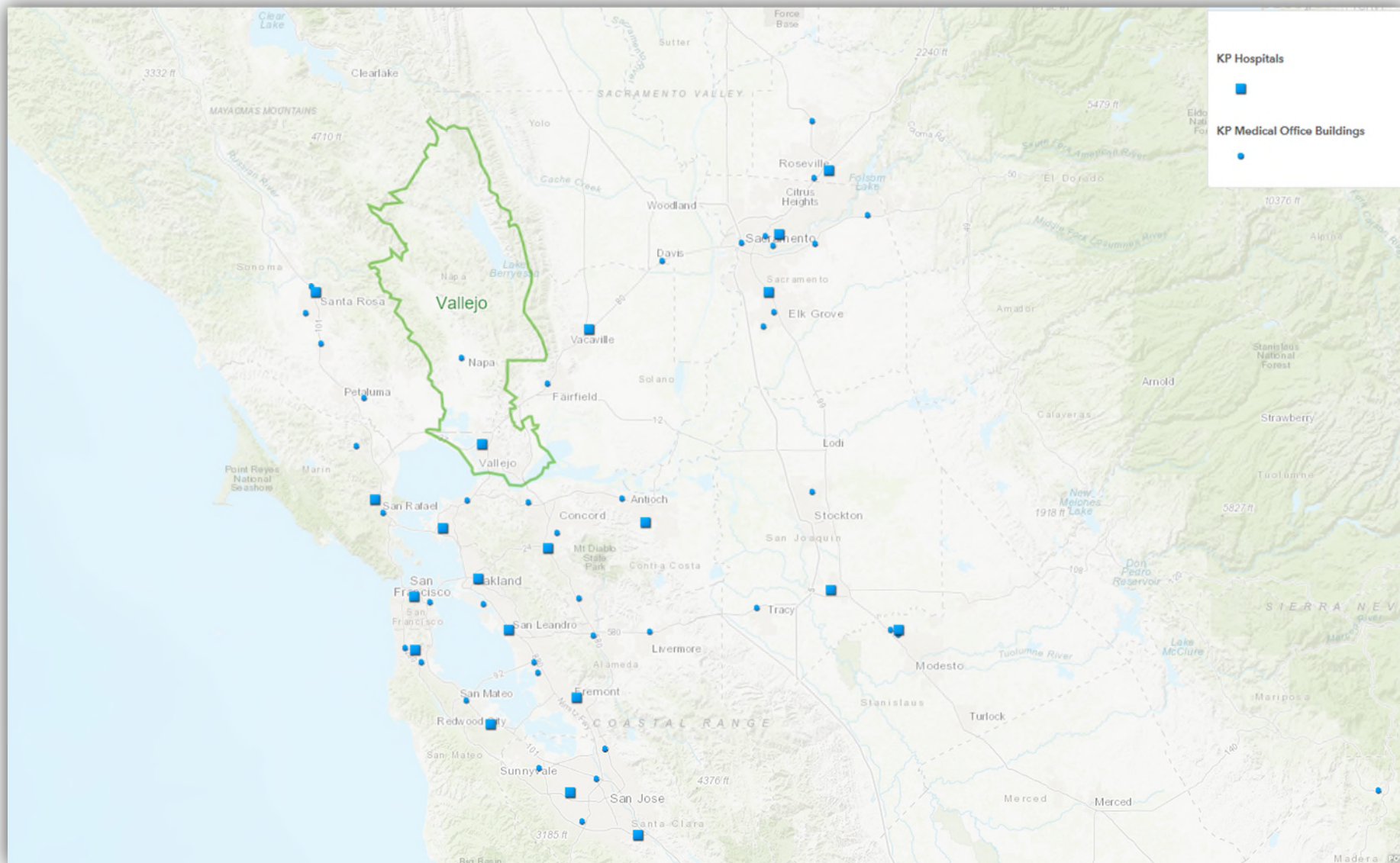
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of the Community Served by KFH-Vallejo

| | |
|-----------------------------------|---------|
| Total Population | 284,616 |
| White | 59.0% |
| Black/African American | 10.8% |
| Asian | 15.0% |
| Native American/ Alaskan Native | 0.6% |
| Pacific Islander/ Native Hawaiian | 0.5% |
| Some Other Race | 8.4% |

| | |
|-------------------------------------|-------|
| Multiple Races | 5.6% |
| Hispanic/Latino | 27.8% |
| Total Living in Poverty (<100% FPL) | 12.2% |
| Children Living in Poverty | 15.6% |
| Unemployment Rate | 3.6% |
| Uninsured Population | 9.9% |
| Adults with No High School Diploma | 13.4% |

C. Map and Description of Community Served by KFH-Vallejo



The KFH-Vallejo service area includes communities in Napa and Solano counties. The major communities are Benicia and Vallejo in Solano County and American Canyon, Calistoga, Napa, Oakville, Rutherford, St. Helena, and Yountville in Napa County. The service area is further defined by Highway 29 leading from Vallejo to Napa and Interstate 80 in Solano County.

IV. Description of Community Health Needs Addressed by KFH-Vallejo

KFH-Vallejo's 2016 Community Health Needs Assessment (CHNA) is posted on the internet at <http://www.kp.org/chna> (Kaiser Permanente's ShareSite). Detailed information about the CHNA process and the criteria and rationale used to determine which priority health needs KFH-Vallejo would address in its Community Benefit Plan (referred to as an Implementation Strategy for IRS purposes) – along with information about the health needs that were not identified but not selected – can also be found on the website. Here are the health needs KFH-Vallejo is addressing in the 2017-2019 three-year cycle:

1. Healthy Eating, Active Living

In the KFH Vallejo service area, an estimated 26.7% of adults are obese and 38.4% are overweight. Among youth, 18.4% are obese and 20.7% are overweight. Access to affordable healthy food was identified as a concern, particularly in specific areas of Napa County such as American Canyon and rural communities. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes.

This health need was recommended for selection by the Contributions Committee because it received a high score across all selection criteria, most notably KP expertise, feasibility, ability to leverage organizational assets, and existing or promising practices. It also aligns directly with Kaiser Permanente regional priorities.

2. Access to Care and Coverage

The ability to utilize and pay for comprehensive, affordable, quality health care is essential to maximize the prevention, early intervention, and treatment of health conditions. With implementation of the ACA, many adults have access to insurance coverage and regular health care. However, disparities persist. Premiums for health insurance remain high, and many providers do not accept Medi-Cal or have long waiting lists.

KFH Vallejo has prioritized this health need because it received a high score with respect to Kaiser Permanente expertise, although it did not receive a high score with respect to some other criteria. Subsequent discussion among the Contributions Committee members and reflection from KFH Vallejo leadership emphasized the need to leverage organizational assets and align with Kaiser Permanente regional priorities. For these reasons, this health need was ultimately included.

3. Behavioral Health

Behavioral health includes mental health and substance use concerns. Mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or post-traumatic stress disorder, has profound consequences on health behavior choices and physical health. Mental health was raised as a high concern in the 2016 CHNA. Most notably, KFH Vallejo service area residents have an increased risk of suicide compared to Californians on average. The suicide rate in the service area is 11.8 per 100,000 residents. Older adults, transition age youth, LGBTQ youth, and Latinos were noted as populations of high concern for mental health issues. Social stigma and the geographic distribution of treatment facilities were considered as barriers to receiving appropriate mental health services.

Substance use, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. In the KFH Vallejo service area, substance abuse was identified as a concern in the 2016 CHNA, particularly with respect to alcohol consumption. Among adults, 20.9% of residents report heavy alcohol consumption. Youth were noted as a high-risk population; data indicate that in the prior 30 days 11.8% of 11th grade students in Napa County reported using cigarettes, 22.8% reported binge drinking, and 24.9% reported using marijuana.

KFH Vallejo has prioritized this health need at the recommendation of the Contributions Committee, which ranked this health need high with respect to CHNA prioritization, disparities/equity, KP expertise, feasibility, and the ability to leverage organization assets.

4. Community and Family Safety

Community and family safety includes violence by community members or law enforcement, as well as domestic violence and abuse. In the KFH Vallejo service area, in recent years, there were 10.2 non-fatal emergency room visits due to domestic violence per 100,000 females (age 10+). The area also experiences a high rate of violent crime, with a 308.5 per 100,000 population assault rate, and a 7.1 per 100,000 population homicide rate.

KFH Vallejo has selected this health need as part of the implementation strategy at the recommendation of the Contributions Committee, which ranked this health need high with respect to CHNA prioritization, Kaiser Permanente expertise, and disparities/equity. This health need was also strongly emphasized in the data collected during the CHNA process reflecting an important need for the community.

V. 2018 Year-End Results for KFH-Vallejo

A. 2018 Community Benefit Financial Resources Provided by KFH-Vallejo

Total Community Benefit expenditures are reported as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Youth Employment participants employed within each hospital area's community at large.

Table C

KFH-Vallejo

Community Benefits Provided in 2018 (Endnotes on following page.)

| | |
|--|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ^a | \$25,047,755 |
| Charity care: Medical Financial Assistance Program ^b | 7,354,460 |
| Grants and donations for medical services ^c | 302,484 |
| Subtotal | \$32,704,699 |
| Other Benefits for Vulnerable Populations | |
| Youth Employment programs ^d | \$29,137 |
| Grants and donations for community-based programs ^e | 1,179,809 |
| Community Benefit administration and operations ^f | 228,147 |
| Subtotal | \$1,437,093 |
| Benefits for the Broader Community^g | |
| Community health education and promotion programs | \$1,477 |
| Community Giving Campaign administrative expenses | 17,123 |
| Grants and donations for the broader community ^h | 74,681 |
| National board of directors fund | 15,594 |
| Subtotal | \$108,875 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$2,012,125 |
| Non-MD provider education and training programs ⁱ | 1,634,447 |
| Grants and donations for health research, education, and training ^j | 32,143 |
| Health research | 5,537,149 |
| Subtotal | \$9,215,863 |
| Total Community Benefits Provided | \$43,466,531 |

TABLE C ENDNOTES

- a. Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- b. Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- c. Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- d. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment programs participants hired.
- e. Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- f. The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- g. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre Programs performances or health education programs.
- h. Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- i. Amount reflects the net expenditures for health professional education and training programs.
- j. Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

B. Examples of KFH-Vallejo's 2018 Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It is anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the KFH-Vallejo Community Benefit Plan/Implementation Strategy Report posted on the internet at <http://www.kp.org/chna>.

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of Kaiser Permanente volunteers. Kaiser Permanente also conducts evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, Kaiser Permanente requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The examples below provide highlights for a select number of programs, grants, collaboration and/or assets that address the identified health needs in KFH-Vallejo. Where appropriate, summative information is provided for grants and program examples that have been paid and implemented in multiple years during the Implementation Strategy time cycle. These examples are illustrative and not exhaustive.

| Need | Summary of Impact | Top 3 to 5 examples of most impactful efforts |
|-----------------------------|--|---|
| Access to Care and Coverage | In 2018, there were 32 grants totaling \$337,951.97 that addressed Access to Care in the KFH-Vallejo service area. | <p>Kaiser Permanente Medicaid and Charity Care: In 2018, Kaiser Permanente provided care to 18,693 Medi-Cal members and 372 Charitable Health Coverage (CHC) members. And 6,252 individuals received Medical Financial Assistance (MFA).</p> <p>Access to care programs. KFH-Vallejo awarded a \$49,212 grant to La Clínica de La Raza to expand its promotores model to provide health care navigation support for vulnerable populations and increase their utilization of health care services. Through this funding, 515 people have received navigation support.</p> <p>Access to primary and specialty care: KFH-Vallejo awarded a \$50,000 grant to Community Health Initiative Napa County (CHI) for a project that aims to increase access to medical, dental, vision, and mental health care for Napa County residents. CHI will screen people for potential mental health referrals, and train and certify key staff from partner agencies in affordable health insurance access. More than 5,000 residents have been screened year to date and 15 people have been trained and certified to support health insurance access.</p> |

| Need | Summary of Impact | Top 3 to 5 examples of most impactful efforts |
|---------------------------------|---|--|
| | | <p>Operation Access: Operation Access received a \$350,000 grant (split with 15 KFH hospital service areas) to coordinate donated medical care and expand access to care for low-income uninsured adults in the Bay Area through its volunteer and hospital network. Overall, 669 staff/physician volunteers provided 650 surgical and diagnostic services at 11 facilities, reaching 521 adults.</p> <p>211: United Way of the Bay Area received a \$95,000 grant (even split with eight KFH hospital service areas) to support 211 services that provide health and human services resources and information for people who call, text, or visit the website. In the six Bay Area counties, it is expected that 211 staff will answer 50,000 calls and texts and 60,000 users will visit the 211 Bay Area website.</p> |
| Healthy Eating Active Living | In 2018, there were 25 grants totaling \$464,505.57 that addressed Health Eating Active Living in the KFH-Vallejo service area. | <p>Food Insecurity: Community Action Napa Valley Food Bank received a \$35,807 grant for its Aim for Health program to provide access to fresh produce for vulnerable populations. More than 67,547 pounds of food have been distributed and the program is on target to exceed 100,000 pounds by the end of the grant term.</p> <p>Nutrition and physical activity classes: Vision y Compromiso was awarded a \$30,000 grant to promote healthy eating and active living through 6 to 8 nutrition/cooking classes and 2 to 4 physical activity classes (bailoterapia) to reach 162 to 250 Latino adults in Napa County who are obese/overweight and/or at risk for chronic disease. In Q1 of grant funding, 27 residents completed a multi-session behavior modification program to reduce their risk for chronic disease. The goal is that at least 80% of participants will increase physical activity levels and improve their blood pressure rate and body mass index.</p> <p>Boys and Girls Club: Boys and Girls Clubs of Napa Valley was awarded a \$30,000 grant for The Triple Play program to improve Club members knowledge of healthy habits, good nutrition, and physical fitness; increase the number of hours per day they participate in physical activities; and strengthen their ability to interact positively with others and engage in healthy relationships. At this writing, 432 children are actively participating in the program at four locations.</p> |

| Need | Summary of Impact | Top 3 to 5 examples of most impactful efforts |
|-------------------|--|--|
| | | <p>CalFresh: Ole Health received a \$95,000 grant to build staff capacity to conduct CalFresh outreach and enrollment and strengthen the outreach and application assistance infrastructure. Populations of focus include low-income families, seniors, and immigrants. Ole Health expects to provide training to 120 staff and reach 2,000 individuals through education and outreach.</p> <p>Parks: Play 4 All Park, Inc. received a \$125,000 grant (even split with KFH-Vacaville) to support the creation of an inclusive park facility that serves children of all abilities and disabilities, ensuring that children have a safe place to play. The park will include two dog parks, two baseball fields, a splash pad, and an 8,000 square-foot play structure. Once completed, it is expected that parents and families will travel to this park from all over Solano County because of the unique play facilities.</p> |
| Behavioral Health | In 2018, there were 23 grants totaling \$366,769.85 that addressed Mental Health and Wellness in the KFH-Vallejo service area. | <p>Stigma: County of Solano Office of Family Violence Prevention (OFVP) received a \$90,000 grant (even split with KFH-Vacaville) to increase its capacity to respond to individuals within the Latino and African American communities who are victims of intimate partner violence (IPV). OFVP expects to reach 120 IPV survivors through outreach, awareness, trainings, and linkages to services. Because of the program, participants will be empowered to seek mental health care for IPV.</p> <p>Resilience: A Better Way–Berkeley received a \$98,000 grant (even split with KFH-Vacaville) to partner with Fairfield High School to promote student success and resilience by providing intervention/prevention services, training, and consultation on school policies. To date, a core group of 9 to 12 school staff have attended monthly trainings and 20 students have received trauma-informed treatment through individual and group counseling.</p> <p>Human trafficking: KFH-Vacaville provided a \$20,000 grant (even split with KFH-Vallejo) to 3Strands Global, Inc. to provide a trauma-informed education program to prevent human trafficking and to serve human trafficking victims. The program trained 1,100 educators, who support 25,000 students, in Solano County.</p> |

| Need | Summary of Impact | Top 3 to 5 examples of most impactful efforts |
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| | | <p>Adverse childhood experiences: A \$30,000 grant was awarded to Cope Family Center to support Resilient Napa, a coalition focused on awareness about adverse childhood experiences (ACEs). Though this multi-sector coalition, Resilient Napa will engage 1,500 behavioral and social services providers, and community members. At the end of the project, 85% of trained paraprofessionals will demonstrate greater knowledge about ACEs, their connection to health outcomes, their own ACEs score, and potential strategies for managing the impact of ACEs on their personal and professional lives.</p> |
| Community & Family Safety | In 2018, there were 12 grants totaling \$281,500.00 that addressed Community and Family Safety in the KFH-Vallejo service area. | <p>Job training: A \$40,000 grant to On the Move will provide education, job training, and enrichment programs for 210 low-income Napa County youth with a specific focus on the low-income Latino population, many of whom were impacted by the 2017 Wildfires. At least 90% of participants will report improvement in three program domains: college readiness, career exploration, and leadership readiness.</p> |
| | | <p>After school programs: KFH-Vallejo provided a \$50,000 grant to The Leaven to expand after-school programs for Vallejo youth. This funding enabled The Leaven to open two new after-school centers at low-income housing developments in Vallejo to help 60 low-income, at-risk youth achieve academic success through tutoring and mentoring.</p> |
| | | <p>Vocational skills: The Robby Poblete Foundation received a \$20,000 grant (even split with KFH-Vacaville) to raise awareness of, and provide training in, vocational skills to equip young adults who don't have plans to go to college and reentry individuals in Solano County with skills that are in high demand in the workforce. This program will conduct outreach to 65,000 Solano County residents, focusing on public high school juniors and seniors, adult and alternative school students, and Solano County Superior Court's parole reentry program participants.</p> |
| | | <p>Financial literacy and workforce skills: Junior Achievement of Northern California received a \$10,000 grant (even split with KFH-Vallejo) to support 250 low- to moderate-income middle and high school youth in Solano County develop financial literacy and 21st century workforce skills.</p> |